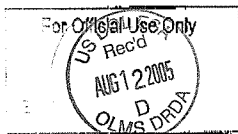


U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

AMENDED
FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0168
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5730</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Frederick W. Pollazzon</u> P.O. Box, Bldg., Room No., if any Street <u>230 Lincoln Avenue</u> City <u>Pittsburgh</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>15202</u>	4. Name, file number, and address of labor organization. Name <u>United Union of Roofers local 37</u> Labor Organization File Number <u>034-812</u> P.O. Box, Building and Room Number, if any Street <u>230 Lincoln Avenue</u> City <u>Pittsburgh</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>15202</u>
5. Position in labor organization. <u>Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Building Trades Pension Fund of W.P.A</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>1200 Three Gateway Center</u> City <u>Pittsburgh</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>15222</u>	7.a. Nature of Interest, Transaction, or Income. <u>Board of Trustees Meeting Expense, Meal included, on 3/12/2004.</u> 7.b. Amount. <u>\$32</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Frederick W. Pollazzon

On

8/5/2005

Date

412-761-6310

Telephone Number

412-766-5360

Name of Person Filing Frederick Pollazon		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name <u>GemGroup, LP</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>1200 Three Gateway Center</u> City <u>Pittsburgh</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>15222</u>		9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>Roofers & Waterproofers Local 37 Annuity Fund</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>1200 Three Gateway Center</u> City <u>Pittsburgh</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>15222</u>		11.a. Nature of such dealing. <u>Administrator of several funds, Roofers & Waterproofers Local 37 Annuity Fund, Building Trades Pension Fund of W.P.A and Bricklayers, Masons and Roofers Welfare Fund</u> 11.b. Approximate dollar value of such dealing. <u>\$21,000</u>	
		12.a. Nature of interest held or income received. <u>Dinner with Administrator.</u>	
		12.b. Amount. <u>\$35</u>	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <u>multiple service providers for Pension Plan</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____		14.a. Nature of payment. <u>Attended a scholarship golf event established for participants of the Building Trades Pension Fund. The Cost to attend the event is paid by service providers who sponsor the event and paid to a separate entity, The Building Trades Scholarship Fund.</u>	
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?		14.b. Amount of payment. <u>\$216</u>	

Name of Person Filing Frederick Pollazon	File Number U-
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Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

5. Name and address of Employer (including trade name if any).

Name Building Trades Pension Fund of W.PA

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1200 Three Gateway Center

City Pittsburgh

State Pennsylvania ZIP Code + 4 15222

7.a. Nature of Interest, Transaction, or Income.

Board of Trustees Meeting Expense, Meal included, on 9/24/2004.

7.b. Amount.

\$32

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name Building Trades Pension Fund of W.PA

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1200 Three Gateway Center

City Pittsburgh

State Pennsylvania ZIP Code + 4 15222

7.a. Nature of Interest, Transaction, or Income.

Board of Trustees Meeting Expense, Meal included, on 12/10/2004.

7.b. Amount.

\$43

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name Bricklayers, Masons and Roofers Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1200 Three Gateway Center

City Pittsburgh

State Pennsylvania ZIP Code + 4 15222

7.a. Nature of Interest, Transaction, or Income.

Board of Trustees Meeting Expense, Meal included, on 1/22/2004.

7.b. Amount.

\$113

Name of Person Filing Frederick Pollazzon	File Number LI-
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Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any). Name Bricklayers, Masons and Roofers Welfare Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1200 Three Gateway Center City Pittsburgh State Pennsylvania ZIP Code + 4 15222	7.a. Nature of Interest, Transaction, or Income. Board of Trustees Meeting Expense, Meal included, on 3/25/2004. 7.b. Amount. \$84

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any). Name Bricklayers, Masons and Roofers Welfare Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1200 Three Gateway Center City Pittsburgh State Pennsylvania ZIP Code + 4 15222	7.a. Nature of Interest, Transaction, or Income. Board of Trustees Meeting Expense, Meal included, on 7/22/2004. 7.b. Amount. \$114

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any). Name Bricklayers, Masons and Roofers Welfare Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1200 Three Gateway Center City Pittsburgh State Pennsylvania ZIP Code + 4 15222	7.a. Nature of Interest, Transaction, or Income. Board of Trustees Meeting Expense, Meal included, on 9/23/2004. 7.b. Amount. \$1.02

Name of Person Filing Frederick Pollanzon

File Number U-

Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name Bricklayers, Masons and Roofers Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1200 Three Gateway Center

City Pittsburgh

State Pennsylvania

ZIP Code + 4 15222

7.a. Nature of Interest, Transaction, or Income.

Board of Trustees Meeting Expense, Meal included, on 11/23/2004.

7.b. Amount.

\$134

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.